	onbelliale	for Form PTO-876	INN KEOORD		se through 7/81/2008. OMB 08 U.S. DEPARTMENT OF COM I deplay a valid OMB control opplication or pocket Number
AP	PLICATION AS FILED:	-PARTI			10/6/12/0
	(Column 1)	(Oolumn 2)			
EARIO FEE	NUMBER FILED	The second second	SMALL	ENTITY	OR OTHER THAN
1.187.0FB 1.18(a), (b); or (d)		NUMBER EXTRA	RATE (U)		SMALL ENTITY
BEAROH EEE				FEE (I)	RATE (1)
EXAMINATION FEE			1		FEE FEE
TOTAL OLAIMS		3	4	_ 1	
_19(VFR 1.16/6)			$\mathbf{J} \mathbf{I} = \mathbf{J}$		
NOEPENDENT OF THE	- minus 20 =	4	x 052		
TOT COLIC 1'10(U)	mknus s =		787	Of	1 x 50
APPLICATION BIZE	If the specification and c sheets of paper, the app	trawings exceed too	x/OV =	1.	x500.
FEE (87 OFR 1.18(s))	1 16 \$250 MAZAZ Z 7 7 7 7 1	MURRIUM SIZA TAA ALL			X000 =
7	BOOMAN EA ALL	" Page 191 tylean	11 1		
MULTIPLE DEPENDENT	35 U.S.C. 41(a)(1)(G) at LAIM PRESENT (37 OFFI 1.16	1d-97 CFR 1.16(8).		. 1	
Killer and	CAM PRESENT (31 OFF. 1.16	oj .	180		
n the difference in column	1 is less than zero, enter of in	1 column a	1 600		360
APPLICAT	ION AS AMENDED - F	column 2.	TOTAL		
2-1h 01	ON YO WWENDED - E	'ART II	-	-	TOTAL
3 1U-U+ (col	mn 1) (Cold	umn 2) (Column 3)			
REM	AIMING HIGH	(EST	M SMALL ENTI	TÝ OR	OTHER THAN
	TER PREVIO	MISI Y EVEN	RATE (\$)	.001:	SMALL ENTITY
Total AMEN	Minus PAID	EOR .	1 10	DNAI	ATE (\$) ADDI.
Total AMEN Grace Leggi L Independent Grace Light	Minus 141	(0)=	x 25 =	E(t)	TIONAL FEE (\$)
Application Size Fee (37			1 //(3) 1:	OR .	× 300 = 1
FIRST PRESCRIPTION	(G-R 1.16(s))		× to =	OR.	x 0200
T WESENIATION OF	MULTIPLE DEPENDENT CLAIM	(97 CFR 1.16m)	180	[
	. 1		TOTAL	OR	360
(Colum	n 41		ADD'L REE	OR	TOTAL
CLAI	VS (Colum	in 2) (Calumn 3)			100'L FEE
REMAI AFTE	HUMBE NUMBE	i pprocui	DAME III		
Total AMENDI	TOUR!	SIY I CVID. I	RATE (\$) ADD	N	RATE (\$) ADDI-
to centifelli Independent to centifelli	Minus	=	FEE	(4)	TIONAL
the Old Freen	Minus +++		Х =	OR X	FEE (\$)
Application Size Fee (37 C	FR 1.16(s))		Х =	7 1	
FIRST PRESENTATION OF M	ULTIPLE DEPENDENT OLAIM (3		-	OR X	=
	CALL DIVINE (3	7 OFR 1.16(II)		7 1	
W.11			TOTAL	OR L	
If the entry in column 1 is le	ss than the entry in column 2, tously Paid For, IN THIS SPAI lously Paid For, IN THIS SPAI usly Paid For, Molal or Indepe	·	ADD'L FEE .	OR TO	TAL D'L FEE
			1.	a ADI	11 CC- 1

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 OFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the user) of the amount of the properties of the amount of the you require to complete this form and/or suggestions for reducing (like burden, should be sent to file of the transmission of the Chief Information of